

MRSC Get Fit

For Competitive Swimmers



This program is open to all collegiate, USA and high school girls and boys, age 13 and over, interested in fulfilling a level of fitness for competitive swimming. This clinic provides not only an opportunity to improve overall fitness and technique, but also to meet other USA and high school swimmers and build team – club or high school – morale before the season starts.

One hour will consist of a dry-land workout, and one hour of swimming. Swimmers should arrive fifteen minutes prior to the start each day and should bring with them a cap, suit, goggles, sneakers, water bottle, and towel.

Make Ups will be held Fridays for inclement weather.

Pick your weeks!

Training will run Monday through Thursday 5:30-7:30pm

preferred pricing for MRSC members

Dates:	Prices:	Member	Non-Member
Week 1: July 31st - August 3rd	1 Week:	\$65	\$75
Week 2: August 7th - August 10th	2 Weeks:	\$125	\$145
Week 3: August 14th - August 17th	3 Weeks:	\$180	\$210
Week 4: August 21nd - August 24th	4 Weeks:	\$235	\$270

Name: _____

Address: _____

Phone Number: _____

Age: _____ School: _____ Club Team: _____

Medical Concern/Limitations: _____

Emergency Contact Name: _____ Phone Number _____

By my signature, I do hereby acknowledge that participation in and any claim for damages and/or injury which may result from the swim clinic participation absolves the Madison Racquet and Swim Club and its' paid and volunteer coaches of all liability including claims and suits at law or in equity for any injury which may result directly or indirectly by participation in this activity. I further acknowledge that participation in this activity can sometimes lead to injury and I further realize that I have waived all claims, which may result against all the aforesaid individuals and entities. In the event of injury or illness to the above child, and after an attempt to contact parents/guardians and the emergency contact, the clinic coach is hereby authorized to contract for and authorize treatment by a medical doctor.

Parent/Guardian Signature _____ Date _____